

British Medical Journal.

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MEDICAL CHARITY.

No man knows with certainty what awaits him in the coming year, but to one section of the medical profession the future is definitely clouded and dismal. Many of our brethren, overtaken by sickness or incapacity, can only look forward to the continuation of an existence deprived of those little amenities of life which to the cultured man are so important as to rank almost as necessities. Some, even worse off, have nothing to expect but a life of penury and privation, not only for themselves, but, what is even harder to bear, for those whom it has been their life's aim to protect from care.

The amount of distress among members of our profession is but faintly realized, and always comes as a shock to those who look into the matter closely for the first time. A glance at the list of cases (published from time to time in the JOURNAL) which are helped by the Royal Medical Benevolent Fund reveals the dire straits in which many doctors and their dependants are placed. It is distressing to think of the wives and daughters of medical men compelled to eke out their meagre incomes by doing the work of charwomen or seamstresses. And while many such cases have been discovered, it is known that there are many others where brave women shoulder their burden alone, too proud and too independent to ask for help.

Owing to lack of money, the Royal Medical Benevolent Fund is only able to grant absurdly inadequate sums (often a mere £12 per annum) in relief of such cases as we have mentioned, and some of the recipients have been forced to augment this slender assistance by application for the old age pension. The only way to remedy this state of affairs is by regular and systematic support, and this is best done by contributions to the Charities Trust Fund, established by the British Medical Association, which allocates the sums at its disposal to the existing professional funds, including the Royal Medical Benevolent Fund, the Epsom Foundation, and the Charles Hastings Fund. It is now a year and a half since the Representative Body set up a Charities Committee, with the object of stimulating the profession at large to give better support to the existing medical charities; but although a considerable number of doctors are liberal subscribers to these funds, there are many others who do not yet realize how pressing is the need. To the latter we would commend the exercise of the virtue of "charity"—not in the narrow sense of perfunctory almsgiving, but rather as an expression of goodwill towards their brethren in need, and of thankfulness that their own lines have fallen in more pleasant places. Many who have won an established position must have had moments in past days when the spectre of ill health or early incapacity caused grave forebodings, when the plans they had made for the careers of their children and the future welfare of those near and dear to them seemed doomed to go astray. An opportunity now comes to them to help those whom Fate has treated less kindly. The claims of the professional charities should appeal no less to the younger generation of doctors, for it will assuredly give them a sense of

security to know that there are substantial resources to which they can turn if misfortune comes their way. Furthermore, we would point out that, a Charities Trust Fund having been set up by the Representative Body, it behoves every member of the British Medical Association to do his utmost to see that the Fund achieves its purpose. To bring this about much hard work must be done by the charities committees of the local Divisions, and a circular will shortly be sent out by the Head Office with suggestions for the best methods to be pursued.

It is surely an anomaly that the profession which is by general consent the most philanthropic of all should make such miserable provision for its needy members. We are well aware of the many calls made on the profession, but we venture to suggest that the first call to be considered is the cry of distress from our unfortunate colleagues and their families who, through no fault of their own, have fallen by the way. We believe that in years to come the Association will be able to look back with just pride on the inception of the Charities Trust Fund as one of the most important of the landmarks in its history.

"In Faith and Hope the world will disagree,
But all mankind's concern is Charity."

LEGISLATION IN 1926.

THE disturbance of parliamentary business by the general strike and the mining dispute has, in the long run, helped rather than hindered ordinary legislation, and the session of 1926 is noteworthy, not solely because the supremacy of Parliament was vindicated against the challenge of the general strike, but also because of the passage of sixty public Acts, including seven or eight of direct medical importance. The industry of the Ministry of Health in seeking to overtake arrears of such legislation has, indeed, aroused criticism from some supporters of the Government, and when, at the close of the session, the Mental Deficiency Bill was challenged by two prominent members of the Opposition, the Prime Minister did not ask his followers to force it through.

Happily, it can be said that the Acts of medical interest which did pass were thoroughly discussed, but did not arouse party controversy. There are still evidences from time to time that back-bench members of both sides of the House are apt to develop a layman's jealousy of the medical profession. This was visible at the opening of the session in the demands for alteration in the constitution of the General Medical Council, and at its close in the protest by Labour members against the increase of doctors' fees under the Coroners Act. The first misunderstanding was removed by the action of the Government in adding a lay member of Parliament to the General Medical Council. Since that appointment there have been scarcely any instances where questions were put to score off the medical profession or to cast doubts on its motives. Sceptical questions about vaccination have been infrequent, and several debates—for example, those on the Smoke Abatement Bill—have revealed appreciation of the importance of public health. In part for party reasons, this appreciation was prominently displayed in the discussion on that section of the Economy Act which reduced the State contribution to National Health Insurance. It is noteworthy that, despite the prolongation of the mining stoppage through seven months, no convincing evidence was brought before the House of Commons to show there was widespread malnutrition in the

coal-fields, or any increase in the death rate there, which could be attributed to destitution. The same is true of the country generally, although the number of persons registered as unemployed rose from 981,877 on April 26th to 1,612,700 on May 17th, apart from those directly involved in the coal dispute. The number has remained high since, but tended to fall during the autumn.

In the later part of the year the occurrence of infantile paralysis and the continued outbreaks of encephalitis lethargica have been brought before the House by many questions, which have elicited information as to the incidence of these diseases in various areas. Recognition of the dire sequels of encephalitis lethargica was the cause which predisposed the House of Commons to give an easy passage to the Mental Deficiency Bill in its early stages. The last moment opposition to it resulted from a concurrence of doubt about the definition of mental deficiency with the old jealousy for the liberty of the subject, and a feeling on the Conservative side that too much legislation was going through. This last feeling may affect Mr. Chamberlain's plans, as Minister of Health, for next year, and is likely to cause a further postponement of the Factories Bill, which was promised for the session now closed but never debated. Mr. Chamberlain appears, however, to have Cabinet sanction for proceeding with the Poor Law Reform Bill, the draft of which has already been circulated to local authorities. He is also expected to bring in a bill carrying out the recommendations of the National Health Insurance Commission. The recommendations of the Lunacy Commission, presented in the summer, await the Government's consideration, and action will have to be taken eventually on the report of the Select Committee on Nursing Homes. This committee examined many witnesses during the early months of the session, and its report forced public attention to undesirable features of the present system. One special aspect of the matter—that of the regulation of maternity homes—Parliament dealt with by general consent in the Midwives and Maternity Homes Act.

During the session Mr. Chamberlain secured the passage of an Act somewhat increasing the powers of local authorities to deal with the smoke nuisance, and of another enabling the Minister of Health to supersede spendthrift boards of guardians by commissioners. He also obtained sanction for reductions in the housing subsidies from next autumn. The Births and Deaths Registration Bill originated with a private member, as had previous versions in past sessions. That it became law this year was partly due to the active support of the Ministry of Health. Credit for the carrying of this Act, of the Coroners Act, and of the Smoke Abatement Act is also due to the Parliamentary Medical Committee. This group is now undoubtedly a power in the House of Commons, helping to shape both legislation and opinion, and has been helpful to the British Medical Association in various directions. The chairman of the committee, Dr. Fremantle, has also been chairman of the Conservative party's Committee on Health and Housing. Tuberculosis in the fighting forces and the training of midwives are matters which individual members have kept before the House of Commons. The committee as a body circulated a memorandum to members generally on social hygiene. Among the decisions of the House of Commons on general policy which are important to medical practitioners is one in the Finance Act whereby, from 1927-28, the system of taxing income on a three years' average is to be abolished. Regulations greatly to

diminish the use of preservatives in food come into operation to-day and at various later dates. Clean milk regulations came into operation on October 1st.

Medical matters have not been prominent in the discussions of the House of Lords, but the Earl of Balfour, as Lord President of the Council, has been concerned with the promotion of research, and is now not only chairman of the Medical Research Council, but also head of a new Cabinet committee to co-ordinate and extend civil research of all kinds.

To sum up the session of 1926 from the medical aspect, it has been one of useful results in matters of detail, but it has given no evidence that Parliament yet realizes that money is never more profitably expended than in improving public health, nor much evidence that Ministers and other members of Parliament are really ready to accept medical opinion as their guide on health subjects.

DEAD BIRTHS AND NEO-NATAL DEATHS.

THE report of the Medical Research Council on dead births and neo-natal deaths, of which we publish a review at page 32, marks the conclusion of a number of detailed investigations carried out since 1919 under the auspices of the Council at various centres throughout Great Britain, in order to determine the incidence of the causes of foetal and neo-natal death. The outstanding features of the report have been referred to in our review, and we only wish here to emphasize what had already been made abundantly clear by the published papers of the workers concerned—namely, that a large proportion of foetal and neo-natal deaths are preventable by adequate ante-natal supervision and by skilled obstetric treatment when active intervention is necessary in the interest of mother and child. Fully one-half of the total deaths were due to the various complications of labour and the toxæmia of pregnancy (including under the latter term only albuminuria and eclampsia), and should therefore be almost entirely preventable. Further, it should be remarked that the infants lost through complications of labour are often just the healthiest and best developed, and therefore those which the State can least afford to lose; and they are lost because they are large, and therefore cause more or less difficulty in labour. In this respect the report is a confirmation of the wisdom of the teaching of that pioneer in ante-natal care the late Dr. J. W. Ballantyne of Edinburgh, who for twenty-five years before his death in 1923, and frequently in the columns of this JOURNAL, insisted on the necessity for ante-natal supervision of all expectant mothers. Instruction in the methods of ante-natal diagnosis and treatment is now looked upon as an essential part of the training of the medical student and midwife, largely as a result of his work, and there can be no doubt that within a few years, when the effects of this new teaching become apparent in medical practice, a great diminution in foetal and maternal mortality will result.

But ante-natal care is not an end in itself, and the report does well to emphasize the additional need for skilled obstetric care and for increased hospital accommodation. "The larger maternity hospitals with their staffs of skilled obstetricians could surely spread their aid and influence over a larger area than they do at present if only the importance of the work were fully appreciated." Some of those concerned in teaching foresee the need for careful organization. The present tendency to provide a large number of small hospitals

throughout the country, each of which serves its particular district, is highly to be commended, and it can hardly be doubted that the services of skilled obstetricians from the large centres will be obtained for treatment of the more difficult cases. This is an advance, and may be expected to bring about a reduction in foetal and maternal mortality, but it is thought that unless the whole organization is well worked out in consultation with the local hospitals there may be a risk of the maternity hospitals in the large teaching centres being starved of material for instruction of students or for research. If cases of eclampsia, for example, are, as it were, held up at the district hospitals, it may well be that a student will pass through his training in obstetrics, lasting three months or even longer, without ever seeing a case. The district hospitals cannot be expected to have a registrar, and it will hardly be possible to keep such accurate records as in the large centres, where notes are kept and standardized under the supervision of such an officer. As to research, it is unlikely that laboratory facilities will be available in the smaller hospitals. There is the question also of puerperal fever, both from the point of view of treatment and of education. In large hospitals not only can the best treatment be applied, but ample laboratory facilities are, or ought to be, available for their bacteriological investigation.

The problem is no doubt one of serious importance which will have to be faced very soon by all who are responsible for the teaching of midwifery in the medical schools. Should present tendencies continue it is conceivable that their activities will in time be confined to teaching the theory of midwifery and the conduct of a normal labour, leaving the student to acquire a practical knowledge of the complications of labour and of the methods of dealing with them after he commences practice.

The Medical Research Council is to be congratulated on its wisdom and foresight in organizing this investigation and carrying it to a successful conclusion. It is to be hoped that the workers who took part in it will, now that the main object has been achieved, continue their investigations into some of the many still unexplored fields of ante-natal pathology—a task for which the experience gained in the present research must have well qualified them.

UNDULANT FEVER AND THE ABORTION BACILLUS.

THE obviously close relationship between bovine abortion and undulant fever is a subject which is receiving the increasing attention of bacteriologists and clinicians in many parts of the world. We have on several occasions drawn attention to the question, and repeatedly urged the necessity for increased research into the possibilities of *Bacillus abortus* in human medicine, for the organism, from its very ubiquity, has great potentialities as a factor of disease in all countries where milk is consumed. Recently several cases of apparent infection of human beings by the bovine bacillus have been recorded. Huddleson¹ has reported a case in a graduate who became ill when working with cultures of the bacillus, and in whom an irregular fever was noticed for over a year. Two students in the same laboratory, working with the same bacillus and drinking milk which proved to be infected, also contracted the disease. Organisms which were identical with *B. abortus* were isolated from their blood. Carpenter and Merriam² report two similar cases in which the bacillus

was isolated. The symptoms varied, however, in each. In one there was remittent fever which fluctuated between nearly normal in the morning and 103° or 105° F. at night. The high temperature was followed by a chill and profuse sweating, after which it gradually fell to normal. The fever was accompanied by extreme emaciation and anaemia, and marked debility. In the other case the fever, identical in type with the first, never rose above 101.5° F., there was no anaemia, and the other symptoms were milder. The organism isolated was serologically like the bovine strain, and cattle inoculated with the culture aborted typically. As infection from pigs and goats could be ruled out, it was probable that the infection came either from the culture or from the milk. Recently Cayrel³ has reviewed the question of the unity or the duality of these two diseases, and has drawn attention to the presence in Northern Italy of a prolonged fever in man which is definitely traced to infection through contact with aborted cows, and he claims that there is a very real danger of infection from cattle and from pigs, although he cannot say yet that this is identical with the undulant fever of goats. Theobald Smith has recently shown that the bacillus found in pigs more closely resembles the common human organism than does the strain commonly found in cattle. Izar,⁴ however, finds that if a strain is grown on glucose agar and on normal agar the cultures from these two sources differ both morphologically and serologically. The culture from the glucose agar becomes coccoid and more readily agglutinable; while that on the ordinary agar retains its original characteristics. This may help to explain some of the conflicting results obtained by different workers. Nevertheless, it is certain that some strains of *Bacillus abortus* ingested in milk can produce a fever in man, but further work is necessary before we know accurately and definitely the relationship existing between Bang's bacillus and some as yet imperfectly described fevers in man. Meanwhile Wilson and Nutt⁵ have found that about 5.7 per cent. of single milks in the Midlands are infected with the *Bacillus abortus*; elsewhere an incidence as high as 13 per cent. has been reported. Although human infection is possible with this organism, comparatively few cases have been described. This may be due to the fact that they have not yet been recognized as such, but it has been suggested that there may be another reason. The abortion organism is rare in the udders of cows in full milk, and when it does occur comparatively few bacilli are found—under 500 per cubic centimetre. On the other hand, when the milk is drying up, millions per cubic centimetre may be present, as in the normal milk from infected goats; in this state the milk is dangerous, and the infection, even in mixed milk, is gross. Whether this explains the epidemiology or not, there is little doubt that the question is one which merits the serious attention of bacteriologists and clinicians in this country.

TUT-ANKH-AMEN'S COSMETIC.

THE contents of a calcite jar found in the tomb of Tut-ankh-Amen by Mr. Howard Carter has been submitted to chemical examination by A. C. Chapman and H. J. Plenderleith of the British Museum Laboratory, the results of which are contained in a paper printed in the *Journal of the Chemical Society*. The jar contained a substance described as a cosmetic, but it is not stated whether it was for the skin or the hair. The results present many features of interest, not the least engaging of which is the unique view presented of the extent to which spontaneous decomposition may take place in a substance of a fatty nature during 3,300 years. The tomb, having been long

¹ *Journ. Amer. Med. Assoc.*, 1926, vol. i, p. 943.

² *Ibid.*, 1926, vol. ii, p. 1269.

³ *Paris Méd.*, 1926, p. 141.

⁴ *Riforma Medica*, 1926, p. 433.

⁵ *Journ. Path. and Bact.*, April, 1926, p. 141.

buried under a depth of ground and closely sealed, would provide a sterile environment, and it was noted that no bacteria were recognizable. The lid of the jar was cemented by a protective crystalline incrustation, an effect resulting from the action of moisture and saline matters contained in the dust of the local atmosphere. The contents of the jar weighed about 450 grams, or nearly a pound avoirdupois. It is described as rather sticky, and presenting the appearance of a heterogeneous mixture consisting of yellow nodules together with a chocolate-coloured substance. It became softened by the heat of the hand, and possessed a faint but distinctive odour which has been variously described as that of coco-nut or the flowers of broom, but rather valerianaceous. While the odour was decidedly fatty, there was no suggestion of rancidity. No vegetable structure or fibre could be distinguished by microscopic examination. Petrie and Quibell are quoted as having examined a fat found in Egyptian jars dating from an earlier period, in which they noted the presence of vegetable fibre, and suggested that its presence indicated that they were dealing with a fat obtained from a vegetable source. Chapman and Plenderleith, however, point out that the conclusion was hardly justified, for there is good authority to believe that the Egyptians had used a material composed of vegetable fibre as a wrapper for such articles. They also discount the suggestion that the coco-nut odour indicates a vegetable origin, for such a smell is frequently noticed in recently excavated specimens, and may be due to the ageing of resins or balsams used within the tombs. The chemical examination of the fat revealed, as was to be expected, only slender threads from which the original ingredients of the preparation might be inferred. Such direct evidence as would be obtainable from the finding of cholesterol, the invariable companion of animal fats, or phytosterol, the invariable companion of vegetable fats, was wholly wanting; whichever of these substances was originally present had wholly disappeared. It could hardly have been expected that either of them would survive the time. Indeed, it seems strange that the fats themselves had not wholly lost their fatty nature. This, however, they had preserved, but not without considerable modification of chemical structure. So far as could be judged from the chemical evidence, the fats had undergone hydrolytic cleavage into glycerol and free fatty acids; the glycerol remained largely unchanged, but the free fatty acids had combined with each other to form acid anhydrides, and those which were oxidizable had suffered oxidation—that is to say, such acids as oleic acid had acquired two or more hydroxyl groups. The investigations record the presence of 4.8 per cent. of free and combined glycerol, which the authors state is largely, if not entirely, in the free condition; but we do not see how to reconcile this proportion of free glycerol with the diminutive quantities of matters set down as soluble both in alcohol and water in the general proximate analysis. Nothing of the nature of wax was found. Since the waxes are generally more stable than fats, this observation seems definitely to decide their absence. The fatty acids actually recognized were stearic, palmitic, and myristic acids, and smaller amounts of acids more nearly related to lauric or capric acid. The chemical evidence generally would seem to exclude coco-nut and palm-kernel oils, and it does not seem probable that any vegetable fat would have been available having the small proportion of olein computed to have been originally present. From these data Chapman and Plenderleith conclude that it is highly probable that the cosmetic was composed of about 90 per cent. of an animal fat and about 10 per cent. of a resin or balsam. We note, however, that there is nothing contradictory to the supposition that it was composed of a number of fats of various kinds, such as may have been chosen for their rarity and high cost.

SOCIETY OF BRITISH NEUROLOGICAL SURGEONS.

A NEW society has just been formed—the Society of British Neurological Surgeons—with Sir Charles Ballance as its president. It has been felt that means by which workers in this most difficult branch of surgery could exchange experiences ought to be devised, and the present society is the result. Its membership is limited, and the quota of original members is necessarily very small. Provision has been made, however, for associates, who will be young surgeons showing more than ordinary interest in this branch of work. The society hopes to do useful work through this channel in helping men of this type in their earlier years to a wider knowledge than would otherwise be theirs. Visits to foreign clinics are to be a regular feature of the programme, and the smallness of the society's numbers should be a great advantage in this respect. The society will meet twice a year. Britain has a great heritage in neurology, not only on the clinical and more philosophical sides, but on the executive as well. The founders of the new society hope that it will play a worthy part, not only by reverence to the great dead and to tradition, but by a lively activity in the present. The inauguration took place at the Athenaeum Club on Thursday, December 2nd, 1926, with Sir Charles Ballance in the chair. Sir David Ferrier, Sir Edward Sharpey-Schafer, Sir Arthur Keith, and Professor Elliot Smith were present. These are emeritus honorary members, the fifth—Sir Charles Sherrington—was unavoidably detained in Oxford. The members of the committee are Mr. Percy Sargent and Mr. Wilfred Trotter, the honorary treasurer. Mr. L. Bromley, and the honorary secretary Mr. Geoffrey Jefferson of Manchester.

TRISTAN DA CUNHA AGAIN.

WE recently (August 28th, p. 399) published a report by Dr. Marshall, the surgeon of the *Discovery*, of a visit made by that ship to the island of Tristan da Cunha, which was transmitted to us for publication by the Medical Research Council with the concurrence of the Secretary of State for the Colonies. The investigation into the dental condition of the inhabitants of the island and the relation of this to the peculiar circumstances of their diet and manner of life was made at the suggestion of the Dental Committee of the Medical Research Council. The visit was paid at the end of January, 1926, and only lasted two days, but Dr. Marshall made the most of his opportunities. Just a year before this visit the Rev. Henry Martyn Rogers and his wife quitted the island at the end of a stay of three years, the record of which, written by his widow, is now before us, and may be profitably compared with the record of the hurried visit of a year later. In *The Lonely Island* Mrs. Rose Annie Rogers gives us the results of her prolonged study of the islanders at very close quarters. Other clergymen had lived on the island before Mr. Rogers and his wife arranged to spend three years there under the Society for the Propagation of the Gospel—the Rev. W. F. Taylor from 1851 to 1857, the Rev. E. H. Dodgson (a brother of Lewis Carroll) from 1880 to 1884 and again from 1886 to 1889, and the Rev. J. G. Barrow and his wife from 1906 to 1909. There Mrs. Rogers spent her twenty-first birthday, and there her son was born with no better help than that of an old woman of the island aged 87, of whom her patient writes: "Her sight is now beginning to fail, and she is obliged to have an assistant, but she is wonderful in many ways." Luckily Nature was kind, and the labour was presumably normal, but the risk bravely and deliberately run by this young wife was considerable. Mrs. Rogers draws a pleasing picture of the islanders; she describes them as affectionate, well behaved, honest, and

¹ *The Lonely Island*. By Rose Annie Rogers. London: G. Allen and Unwin, Ltd. 1926. (Post 8vo, pp. 223; 24 plates, 1 map. 7s. 6d. net.)

industrious. Many of the circumstances of this isolated community recall those of St. Kilda, which have been more than once the subject of comment in our pages.² For example, the fulmar petrel, or mollymawk, which plays such an important part in the life of the inhabitants of St. Kilda, is also of great importance on Tristan da Cunha, and the inhabitants of the one island are as subject to "boat-cough" as those on the other. The economics of the islanders were discussed sufficiently in our former article, and little need be added on this branch of the subject, save to note that there should not be much risk of actual starvation in a community which has at its command an inexhaustible supply of fish to be had for the catching, besides myriads of sea-birds and their eggs. The lack of vegetables and cereals is the most felt, but there is no record of the incidence of scurvy. To the student of sociology these descendants of European mariners and coloured women offer a most interesting study. There are some 135 people of all ages up to 90, living together without crime and without any written and hardly any unwritten law. They are by no means socialists, but by a kind of instinct the interests of the community seem to be protected. They have no currency. Force of character has its effect here as elsewhere, but however dominant a personality may be it does not confer recognized authority. This anarchism, as it might be called, is shown on the rare occasions of the visit of a vessel, when her commander may find a difficulty in making arrangements for the landing of stores owing to the islanders' tendency all to speak at once. Mr. D. M. Gane, the honorary secretary of the Tristan da Cunha Fund, who has himself visited the island, contributed to the *Solicitors' Journal* of October 18th, 1924, an interesting article on custom in Tristan, which Mrs. Rogers has printed as an appendix to this book. She has given a simple but moving story of her experiences, and drawn a pleasing picture of these poor but, generally speaking, happy people. That the island has its attractions is shown, not only by the indisposition of its own people to leave it, but by the fact that Mrs. Rogers's son, aged 15 months, "howled" on leaving, and wanted to go back there from Durban.

MEDICAL SOCIETY OF LONDON.

THE syllabus for the second half of its 154th session indicates that the Medical Society of London is as young in spirit as it is old in years. The subjects set down for debate are all of practical importance, and those invited to open them may be depended on to keep recent work in the foreground. At the first meeting on Monday, January 10th, Sir Humphry Rolleston will give his presidential address on "Changes in the clinical aspects of disease." The next meeting, on January 24th, will be a pathological evening. On February 7th a discussion on poliomyelitis will be introduced by a neurologist, Dr. F. M. R. Walshe, and a bacteriologist, Dr. Mervyn H. Gordon, who will be followed by a general physician, Sir Thomas Horder. On February 28th a discussion on acute abdominal emergencies complicating pregnancy and the puerperium will be opened by Dr. J. S. Fairbairn from the point of view of the obstetrician, and the surgical aspect was to have been introduced by his colleague Mr. Joseph E. Adams, whose untimely death we have to record elsewhere this week. On March 14th Dr. Jacques Forestier will give a demonstration on lipiodol injections, and on March 28th a discussion on a subject not yet announced will be opened by Sir Frederick Gowland Hopkins. Mr. Donald Armour's three Lettsomian Lectures on "The surgery of the spinal cord and membranes" will be delivered at 9 p.m. on February 21st, March 9th, and March 21st; the ordinary meetings all begin at 8.30 o'clock. At the annual general meeting on June 13th Professor Harvey Cushing will deliver the annual oration, and a conversazione will follow.

² Saint Kilda. *BRITISH MEDICAL JOURNAL*, July 10th, 1926, p. 80.

THE CENTENARY OF LAENNEC.

THE ceremonies celebrating the centenary of Laennec supplied a full programme on December 13th, 14th, and 15th, 1926. Those who have attended similar functions in Paris need not be reminded that "they order these things better in France." The official recognition of such a purely professional event is shown by the personal share taken in it by the Government. The President of the Republic attended, in state, the inaugural ceremony at the Sorbonne. On no fewer than three different occasions a Cabinet Minister not only presided but gave an address; and the city of Paris and its Prefect gave an official reception. The smoothness as well as the éclat of the various gatherings was remarkable, and reflects much credit on the organizing committee. If one might single out individuals, it should be mentioned that Professor Achard, the secretary of the Académie de Médecine, was the chief inspirer of the celebration, that Professor Chauffard was the wise and courteous president, and that the efficient secretary-general was Professor Roussy. We have already published the programme of the three days' meeting. There were a remarkable number of delegates from foreign countries, extending from Soviet Russia to Uruguay, and including representatives of the United States and Canada. At the official banquet there were spokesmen from no fewer than twenty-one separate nations to propose the toast of the memory of Laennec. It was well, therefore, that this country was fully represented. Sir John Broadbent represented the Royal College of Physicians of London, Sir Percival Hartley was the delegate of King Edward VII Sanatorium, Professor Edwin Bramwell came from Edinburgh, and Sir StClair Thomson was the official representative of H.M. Government and of the Royal Society of Medicine.



Auscultation in 1816: Laennec at the Necker Hospital, Paris.

SUBSCRIPTIONS FOR 1927.

MEMBERS of the British Medical Association are reminded that subscriptions fall due on January 1st, and that if each member who receives an application from the Head Office will send the amount to the Financial Secretary within the first week of the New Year the work of the office will be much lightened. Members are also reminded of the claims of charity, to which reference is made elsewhere. The amounts at the disposal of those who administer medical benevolence are altogether insufficient to meet the appeals that are received, and the British Medical Association Charities Fund was formed in order to assist. Every member of the Association is asked to add to his next payment a sum for the credit of this Fund.

WE much regret to announce the death, on December 23rd, 1926, of Dr. T. S. P. Strangeways, Huddersfield lecturer in special pathology in the University of Cambridge, and director of the Cambridge Research Hospital. We hope to publish an obituary notice next week.